

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

INFORMATION REGARDING THE APPLICATION FOR CERTIFICATE OF AUTHORIZATION

Section 443.08, Stats. requires that firms, partnerships or corporations practicing architecture, professional engineering or design of engineering systems obtain a Certificate of Authorization issued by the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors. A copy of ch. 443, Stats. and ch. A-E 2 of the Wisconsin Administrative Code is enclosed.

Complete and return the enclosed Application for Certificate of Authorization (#476) with the application fee made payable to the Department of Regulation and Licensing.

Any changes in the information provided on this application during the registration period must be reported in writing within 30 days of the effective date. Please include the credential number in all correspondence. Any change in ownership requires a new application be completed.

In addition to the credential issued by the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors, a corporation and certain other types of business entities listed on the application must register with the Department of Financial Institutions. You must contact the agency directly to obtain the registration material. The address and telephone number is Department of Financial Institutions, Division of Corporations and Consumer Services, P.O. Box 7846, Madison, Wisconsin 53707, (608) 261-9555.

The Certificate of Authorization is renewable by February 1st of the even number year following the date of issuance. A renewal application will be mailed approximately 30 days prior to the expiration date.

Department of Regulation & Licensing

State of Wisconsin

(608) 266-5511

TTY# (608) 267-2416 ^{hearing or speech}

TRS# 1-800-947-3529 ^{impaired only}

P.O. Box 8935, Madison, WI 53708-8935

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

APPLICATION FOR CERTIFICATE OF AUTHORIZATION

FIRM NAME:

FIRM MAILING ADDRESS:

TYPE OF FIRM:

☐

Sole Proprietorship

☐

Partnership

☐

Service Corporation

☐

Limited Liability Company

☐

Corporation

☐

Limited Liability Partnership

ADDRESS OF EACH BRANCH OFFICE (Attach additional sheets, if necessary.)

a.

(Street Address)

(City)

(State)

(Zip Code)

(Phone Number)

b.

(Street Address)

(City)

(State)

(Zip Code)

(Phone Number)

c.

(Street Address)

(City)

(State)

(Zip Code)

(Phone Number)

Most types of business entities (including those formed under the laws of another state or country) must file documents with the Wisconsin Department of Financial Institutions to do business in Wisconsin. Contact that office at 608-261-9555 for more information and of the statements below:

- ☐ The business entity identified above is required by law to file documents with the Department of Financial Institutions in order to engage in business in Wisconsin and I certify that the documents have been filed, as required, and that the business entity has met current legal requirements to engage in business in Wisconsin.
- ☐ The business entity identified above has not filed documents, as described above, with another Wisconsin agency, because the business entity is not required to do so.

APPLICATION FEE: Please make check payable to Department of Regulation and Licensing and attach to application.

\$53.00 Initial Credential fee

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

1. Check as many of the following professional services that apply for which the firm is seeking authorization. **NOTE: There must be a Wisconsin credential holder employed by the firm for each profession checked.**

- | | |
|---|--|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Design of Engineering Systems |
| <input type="checkbox"/> Professional Engineering | <input type="checkbox"/> Electrical |
| | <input type="checkbox"/> Fire Protection |
| | <input type="checkbox"/> HVAC |
| | <input type="checkbox"/> Plumbing |
| | <input type="checkbox"/> Private Sewage Systems |

2. **STATEMENT OF ARREST OR CONVICTION:** MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

YES **NO**

- | | | |
|--|--------------------------|--------------------------|
| A. Has the firm or any of its officers or partners ever been convicted of a misdemeanor, a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the firm or any of its officers or partners ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the professional and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against the firm or any of its officers or partners, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of the action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against the firm or any of its officers or partners in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of the action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against the firm as a result of professional services? <u>If YES, submit a copy of the claim or suit and copy of a final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Does the firm currently hold, or has it held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of its Boards? <u>If YES, what type of credential?</u>
And if another name, what name? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

3. Provide the name and addresses of all officers, directors, members or partners of the firm, partnership or corporation. Attach additional sheets, if necessary.

<u>Title</u>	<u>Name</u>	<u>Address</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

4. a. Provide the names, credential type (architect, professional engineer or designer of engineering systems), credential numbers and branch office locations of the Wisconsin credential holders employed by the firm, partnership or corporation who will be in responsible charge of the work performed in Wisconsin. Attach additional sheets, if necessary.

<u>Name</u>	<u>Credential Type</u>	<u>Credential #</u>	<u>Branch Office Location</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- b. Each Wisconsin credential holder employed by the firm, partnership or corporation listed above must sign the application and emboss their personal registration seal attesting to their employment by the firm, partnership or corporation and that they will be in responsible charge of the services provided in Wisconsin. Attach additional sheets which quote the attesting statement, if more space is needed.

Wisconsin Department of Regulation & Licensing

5. **CERTIFICATION** - I certify that I am employed by the firm, partnership or corporation named on this application (Form #476) and that I will be in responsible charge of architecture, professional engineering or design of engineering systems practice in Wisconsin through said firm, partnership or corporation, as authorized by my credential issued by the Wisconsin Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors.

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

Wisconsin Department of Regulation & Licensing

SIGNATURE OF FIRM REPRESENTATIVE

I further certify that I have the authority to complete this form on behalf of the firm, partnership or corporation and that the information on this application for a certificate of authorization is true and complete.

I understand if I provide false information on this form, that the certificate of authorization may be revoked or suspended.

Signature of Firm Representative

Title

Date

Print Name of Person Signing Application

Address

Daytime Telephone Number (Include Area Code)

Wisconsin Department of Regulation & Licensing

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ADDENDUM TO APPLICATION – BUSINESS ENTITIES

Information requested is required for processing.

EMPLOYER IDENTIFICATION NUMBER. Your employer identification number or your social security number if you are a sole proprietorship must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

Business Entity Name

			-			-				
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FEIN

Type of Credential applying for

The Department may not disclose the employer identification number or social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.⁶ If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.²

#2552 (4/03)

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

⁵ Section 440.14, Wis. Stats.

⁶ Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Social Security Number
_____ month day year	_____ Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

State of Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are pending. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20 _____ by _____
(applicant's name)

Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 2/03) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code